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RICHARD W. WATERS
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NORTHERN DISTRICT OF CALIFORNIA
JUL 30 2007
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EASTERN DISTRICT OF CALIFORNIA
BY DEPUTY CLERK

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

M. J. WALTERS

Plaintiff,

vs.

DR. DIAZ - DR. LEE - DR. NGUYEN, MTA -
GARLANDO

Defendant

CASE NO. 1:07-cv-1109 ANI DLB (PC)

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

07

4090

SBA

(PR)

I, M. WALTERS, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes No X
If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: 0 Net: N/A
Employer:

1 If the answer is "no," state the date of last employment and the amount of the gross and net
 2 salary and wages per month which you received. (If you are imprisoned, specify the last
 3 place of employment prior to imprisonment.)

4 Prison Kitchen @ Pay.
 5 _____
 6 _____

7 2. Have you received, within the past twelve (12) months, any money from any of the
 8 following sources:

- 9 a. Business, Profession or Yes ___ No X
 10 self employment
 11 b. Income from stocks, bonds, Yes ___ No X
 12 or royalties?
 13 c. Rent payments? Yes ___ No X
 14 d. Pensions, annuities, or Yes ___ No X
 15 life insurance payments?
 16 e. Federal or State welfare payments, Yes ___ No X
 17 Social Security or other govern-
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount
 20 received from each.

21 N/A
 22 _____
 23 _____

23 3. Are you married?

Yes ___ No X

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ 0 Net \$ 0

28 4. a. List amount you contribute to your spouse's support: \$ _____

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

N/A

5. Do you own or are you buying a home? Yes ___ No ☒

Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

6. Do you own an automobile? Yes ___ No ☒

Make N/A Year 11 Model 11

Is it financed? Yes N/A No 11 If so, Total due: \$ 0 11

Monthly Payment: \$ 0

7. Do you have a bank account? Yes ___ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: N/A

Present balance(s): \$ N/A 0

Do you own any cash? Yes ___ No ☒ Amount: \$ 0

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No ☒

8. What are your monthly expenses?

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are
2 payable. Do not include account numbers.)

3 0
4

5 10. Does the complaint which you are seeking to file raise claims that have been presented
6 in other lawsuits? Yes ___ No X

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
8 which they were filed.

9 ~~12A~~ 07-15002 v.s. court of Appeal
10 NORTH Carolina

11 I consent to prison officials withdrawing from my trust account and paying to the court
12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and
14 understand that a false statement herein may result in the dismissal of my claims.

15
16 7-22-07

17 DATE

18 *M. Wells*

19 SIGNATURE OF APPLICANT
20
21
22
23
24
25
26
27
28

Case Number: _____

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months

at SALINAS VALLEY STATE PRISON

M. J. SANTOS WALTERS [prisoner name]

_____ where (s)he is confined.

[name of institution] SALINAS VALLEY STATE PRISON

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____

[Authorized officer of the institution]

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

MICHAEL J. SANTOS WALTERS #K 20096

PRISONER-PLAINTIFF,

V.

DR. DIAZ, DR. LEE, DR NGUYEN, MIA GENE, MEDICAL
DEFENDANT/RESPONDENT.

CASE NUMBER _____

DECLARATION
IN SUPPORT OF REQUEST
TO PROCEED
WITHOUT PREPAYMENT OF
FULL FILING FEE

1. Are you presently employed in prison? ☒ Yes ☐ No

If yes, a) state the number of hours you work per week and the hourly rate of pay: 0800-1200 1230-1500 Hrs

b) state the place of your incarceration SALINAS VALLEY STATE PRISON

31625 HWY 101, P.O. BOX 1050 "A" 4-116 lower, SOLEDAD, CA 93960-1050

2. Have you received, within the past twelve months, any money from any of the following sources?
- | | | |
|---|------------------------------|--|
| a. Business, profession or form of self-employment? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| b. Rent payments, interest or dividends? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance payments? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| d. Gifts or inheritances? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| e. Any other income (other than listed above)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| f. Loans? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If the answer to any of the above is yes, describe such source of money and state the amount received from each during the past twelve months: N/A

3. Do you own any cash, or do you have money in a checking or savings account? (include any funds in prison accounts, if applicable) ☐ Yes ☒ No

If the answer is yes, identify each account and separately state the amount of money held in each account for each of the six (6) months prior to the date of this declaration. N/A